

STATEMENT OF INTERESTS

INSTRUCTIONS: This form must be used to report all interests required to be disclosed under the Conflict of Interest Disclosure Act (T.C.A. §8-50-501, et seg.) Disclosure statements must be filed annually by January 31 by officeholders, no later than thirty (30) days following the qualifying deadline for candidates and within thirty (30) days from the date of appointment for appointees. Amended disclosure must be filed whenever reported conditions change because of the termination or acquisition of interests for which disclosure is required.

Individuals holding or seeking state offices specified in T.C.A. §8-50-501 must file their disclosure statements with the Registry of Election Finance, 404 James Robertson Parkway, Suite 1614, Nashville, TN 37243-1360 (phone 615-741-7959). Individuals holding or seeking elected city or county office must file their reports with the county election commission.

Officeholders may complete items 1.- 4, and skip to item 14, if there has been no change in condition since the previous report. The disclosure statement must be signed and the signature attested to by a witness in item 15. Attach additional pages as necessary. Please type or print all information in black ink.

1. DATE OF DISCLOSURE	2. NAME OF OFFICIAL (OB CANDIDA	TE	
			1.0	
1-21-03	Ronald E. (Ron) St			
3. ADDRESS AND PHONE	Street or Rural Route City	State	Zip code	Phone
3903 Pin Oak Terrac		37411		(423)698-4204
4. TITLE OF OFFICE HELD OR	SOUGHT (Include district number	r , if applicable	e)	
Juvenile Court Cle	erk			
	t major sources of your private inc "Major sources of private income" r amounts need be stated.			
Hamilton County Go	vernment			
Hamilton County Sc	hools			
-				
6. INVESTMENTS: List any inv	vestment by you, your spouse or	minor children	residing with yo	u in any corporation or
	cess of five thousand dollars (\$5, No firm or organization need be r			
N/A				
spouse or minor children residing	, firm or organization for whom c with you. Also, list any firm in whic ensated lobbying is done. Explain	h you, your sp	ouse or minor ch	nildren residing with you
N/A				
8 PROFESSIONAL SERVICES	List in ganaral tarms (by supposed	the client's int		-1
services, such as those of an atto	List in general terms (by areas of prney, accountant or architect, are	furnished by	erests) the entitie you or your spou	is to which professional ise.
N/A				

 LEGISLATIVE EXPENSES (For membe contributions from private sources for use in your legislative duties. N/A 	ers of General Assembly only): List the amount and source (by name) of any in defraying the expenses necessarily related to the adequate performance of
promoting or opposing, influencing or attern	e you receive from any person, firm or organization who is in the practice of apting to influence directly or indirectly, the passage or defeat of any legisla- bly, the legislative committees or the members thereof.
N/ A	
	of bankruptcy or discharge received in any United States district court within
five (5) years of the date of this report. N/A	
N/ A	
	of loans for more than one thousand dollars (\$1,000) from the same source your spouse or minor children residing with you. Loans need not be dis-
business of making loans. The loan in assures repayment, evidenced by a will secured by a recorded security interest made on a basis which assures reparentization schedule. (4) From a partnership in which you have	itution or made in accordance with existing law in the ordinary course of doing must bear the usual and customary rate of interest, be made on a basis which written instrument and subject to a due date or amortization schedule, at in collateral, bearing the usual and customary interest rate of the lender and ayment, evidenced by a written instrument and subject to a due date and at least ten percent (10%) partnership interest. In fifty percent (50%) of the outstanding voting shares are owned by you or by int, sibling, or child).
 ADDITIONAL INFORMATION: List any 	additional information you wish to disclose.
14. OPTION AVAIL/ BLE TO OFFICEHOLD	DERS ONLY (Check if applicable):
There has been no change in co	anditions since my previous report.
15. TO BE SIGNED BY REPORTING OFFI	CIAL OR CANDIDATE (must be attested to by witness)
	I certify that the information contained in this disclosure statement is true and that it is a complete and accurate report of all matters that I am required to disclose by the Conflict of Interest Disclosure Act Signature of Official of Candidate Date I, the undersigned, do hereby witness the above signature which was signed in my presence.